

**DEPARTMENT OF DEVELOPMENTAL SERVICES
EMERGENCY RESIDENTIAL
STATEMENT OF WORK**

DDS REGION/AREA	FISCAL YEAR:
PROVIDER:	<input type="checkbox"/> INITIAL SOW
VENDOR CODE: VC	<input type="checkbox"/> AMENDMENT NUMBER:
MASTER AGREEMENT: DDSM032EMERRES000000	DOC ID:

This Statement of Work (SOW) is issued under the terms of the Emergency Residential (EMER-RES-10) contract.

This Statement of Work is subject to the Emergency Residential contract, which includes the Commonwealth Terms and Conditions for Human and Social Services, Standard Contract Form, the RFR and the Provider's Response to the RFR and any clarifications/negotiated terms. Rates and expected expenditures outlined in this SOW and attachments are subject to change by the Department in consultation with the provider. A SOW must be signed by the Provider and the Agency before services can be reimbursed.

1. The Agency will reimburse the Provider for Emergency Residential services which are rendered in accordance with the Emergency Residential contract. Billing shall be done through the Virtual Gateway and the Enterprise Invoice Service Management System, in accordance with Agency billing guidelines.
2. The provider will only be reimbursed for services provided up to the Estimated Expenditure Amount.
3. The Estimated Expenditure Amount(s) for services outlined in this Statement of Work is a current estimate of the number of units the Agency anticipates purchasing from the Provider. Per person unit rates will be converted to an accommodation rate for billing purposes.
4. All funding for this Statement of work is subject to appropriations. An amended SOW must be completed and filed when: A) there is a material change to the Estimated Expenditure Amount, or B) any revisions substantially alter services as outlined in this SOW. Once signed, the expected expenditure will be entered in the Massachusetts Management Accounting and Reporting System, MMARS. The Department may modify this SOW and the expected expenditure, after consultation with the provider, to address the level of care for clients as deemed appropriate by DDS. All changes to payment levels and rates will be communicated by email to the Contract Manager noted on the contract.
5. Any work done without authorization pursuant to this SOW will be considered in violation of the EMER-RES-10 contract and this SOW.
6. Documents additional to this SOW that are not inconsistent to the terms of the SOW or the contract may be required by the Agency and will become part of this Statement of Work including emails from the Agency documenting approval for minor changes to services or models of care that do not impact the estimated expenditure amount.
7. The terms of service incorporated in this SOW may be terminated by the Agency upon written notice at any time during the life of the contract.
8. This Statement of Work shall cover services starting on: _____, and shall terminate on: _____.

Department of Developmental Services
Emergency Residential
Statement of Work

Provider Information	Department Information
Doc ID:	
Provider Name: Provider Address:	Department Name: Dept. of Developmental Services Billing Address:
Provider's Contact Person for this Statement of Work:	Department's Contact Person for this Statement of Work:
Telephone: Email:	Telephone: Email:
Attached to this SOW is documentation establishing the Estimated Expenditure Amount:	
Expected Expenditure Amount for FY \$ Rate: \$ Rate Model:	
Acceptance The Parties hereby acknowledge the terms of this Statement of Work.	
Name of Provider Authorized Signatory:	Name of Agency Authorized Signatory:
Signature:	Signature:
Title:	Title:
Date:	Date: